



## Blue Shield of California monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get Extra Help.

Plan name	PBP	Your level of Extra Help	
		100%	0%
Monthly premium for <b>Blue Shield TotalDual Plan (HMO D-SNP)</b> (Los Angeles and San Diego counties)*	H2819-001	\$0	\$7.00

\* This does not include any Medicare Part B premium you may have to pay.

Blue Shield of California premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call **1-877-486-2048** (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 8 a.m. and 7 p.m., Monday through Friday.



If you have any questions, please call Customer Service at **(800) 452-4413 (TTY: 711)**, 8 a.m. to 8 p.m. PT, seven days a week.

Blue Shield of California is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Blue Shield of California 601 12th Street, Oakland, CA 94607.

Blue Shield of California is an independent member of the Blue Shield Association  
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